



Central District Health Department Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Central District Health Department* is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations including, but not limited to, those uses as described in the following examples:
 - a. For treatment – For example, your protected health information will be used when sharing immunization records with another healthcare provider to determine what immunizations are needed at the time of service.
 - b. For payment – For example, your protected health information will be used, as needed, to obtain payment from insurance, Medicaid or Medicare for services received by you.
 - c. For health care operations – For example, your protected health information will be used to support ongoing healthcare operations such as chart audits and quality assurance activities.
2. *Central District Health Department* is permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization. Examples included, but not limited to those uses listed above and also reporting of child abuse situations and reporting communicable diseases.
3. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization.
4. *Central District Health Department* intends to engage in the following activities:
 - a. *Central District Health Department* may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
5. You have the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Central District Health Department is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.

- c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of this Notice from Central District Health Department upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. *Central District Health Department* is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and Privacy practices with respect to protected health information.
7. *Central District Health Department* is required to abide by the terms of the Notice currently in effect.
8. *Central District Health Department* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. *Central District Health Department* will provide you with a revised Notice.
10. You may complain to Central District Health Department and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if you believe your privacy rights have been violated.
11. *Central District Health Department's* contact person for matters relating to complaints is:
- a. *Cindy Trail, Division Administrator, Family and Community Health Services*
- 208-327-8550, Central District Health Department, 707 N. Armstrong Place, Boise, Idaho 83704*
12. This Notice is first in effect on 4/14/03.

I hereby acknowledge that I have received a copy of Central District Health Department's Notice of Privacy Practices.

Client Name: _____

Parent / Guardian Signature: _____

Date: ____/____/____